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PTO/SB/50 (08-00)

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AIR

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	CCK94028
	First Named Inventor	Douglas CARDY
	Original Patent Number	6,041,109
	Original Patent Issue Date (Month/Day/Year)	March 21, 2000
	Express Mail Label No.	

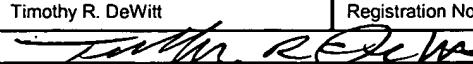
APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i>	7. <input checked="" type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input checked="" type="checkbox"/> Original U.S. Patent for surrender <input checked="" type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)	
3. <input checked="" type="checkbox"/> Specification and Claims in a double column copy of patent format <i>(amended, if appropriate)</i>	9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i>	
4. <input checked="" type="checkbox"/> Drawing(s) <i>(proposed amendments, if appropriate)</i>	10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
5. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) <i>(37 C.F.R. § 1.175)(PTO/SB/51 or 52)</i>	11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i>	
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i>	12. <input checked="" type="checkbox"/> Preliminary Amendment	
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney	14. <input type="checkbox"/> Other:	

14. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)	25537	or <input type="checkbox"/> Correspondence address below
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Name	WorldCom, Inc.				
Address	Technology Law Department, 10th Floor 1133 19th Street NW				
City	Washington	State	DC	Zip Code	22306
Country	US	Telephone	202-736-6604	Fax	202-736-6382

NAME (Print/Type)	Timothy R. DeWitt	Registration No. (Attorney/Agent)	35,857
Signature			Date
			1/24/02

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORMDocket Number (Optional)
CCK94028**Claims as Filed - Part 1**

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 8	Total Claims (37 CFR 1.16(j))	(B) 8	*** 0	X\$		X\$ =	
(C) 1	Independent Claims (37 CFR 1.16(i))	(D) 1	* 0	=			
				Basic Fee (37 CFR 1.16(h)) \$		\$ 740	
				Total Filing Fee \$		OR \$ 740	

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 46	MINUS	** 20	* =26	X\$		X\$18= 468	
Independent Claims (37 CFR 1.16(i))	*** 9	MINUS	***** 1	=8	X\$			X\$84= 672
				Total Additional Fee \$		OR \$ 1140		

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancelation of claims

**** If "A" is greater than 20, use (B -A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- Applicant claims small entity status. See 27 CFR 1.27.
- Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 01-2510.
A duplicate copy of this sheet is enclosed.
- A check in the amount of \$ 1880 to cover the filing / additional fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.

January 24, 2002

Date

Signature of Applicant, Attorney or Agent of Record

Timothy R. DeWitt

Typed or printed name